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### Bib Data Sheet

**CONFIRMATION NO. 8403**

<b>SERIAL NUMBER</b> 10/080,734	<b>FILING DATE</b> 02/22/2002  <b>RULE</b>	<b>CLASS</b> <div style="text-align: center;"> <del>321</del>  <b>455</b> </div>	<b>GROUP ART UNIT</b> <div style="text-align: center;"> <del>2816</del>  <b>2642</b> </div>	<b>ATTORNEY DOCKET NO.</b> 9281-4272
<b>APPLICANTS</b> Masaki Yamamoto, Fukushima-ken, JAPAN;				
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 50px;"><i>none RN</i></div>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2001-054887 02/28/2001 <div style="text-align: right; margin-right: 50px;"><i>yes RN</i></div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/13/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 60%;">             Examiner's Signature <i>Masaki Yamamoto</i> </div> <div style="border-top: 1px solid black; width: 30%;">             Initials <i>RY</i> </div> </div>	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 00757				
<b>TITLE</b> High-frequency-signal switching circuit suppressing high-frequency-signal distortion				
<b>FILING FEE RECEIVED</b> 956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>		

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